

## AGREEMENT TO REPAY SAM FUNDS

Consumer\_\_\_\_\_Agency\_\_\_\_\_

Address\_\_\_\_\_Case Manager\_\_\_\_\_

Medical Record #\_\_\_\_\_

I,\_\_\_\_\_ (consumer), agree to repay  
the loan of \$\_\_\_\_\_ made to me by the Milwaukee County  
Behavioral Health Division CARS at the rate of \$\_\_\_\_\_  
each month until my debt is paid in full. These payments will begin on  
\_\_\_\_\_.

Signed,

Consumer\_\_\_\_\_Date\_\_\_\_\_

Case Manager\_\_\_\_\_Date\_\_\_\_\_

SAIL Care Coordinator\_\_\_\_\_Date\_\_\_\_\_

Checks should be made payable to:  
Milwaukee County  
Behavioral Health Division,  
SAM FUND and payments sent to:

Milwaukee County Behavioral Health Division CARS  
Attention: Sonya Williams  
9201 Watertown Plank Road  
Milwaukee WI 53226